

MDR Tracking Number: M5-04-1890-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed 07/29/03.

The IRO reviewed neuromuscular re-education and gait training rendered from 07/31/02 through 08/14/02 that was denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On June 11, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

- CPT Code 97110 for dates of service 07/31/02 through 08/12/02 denied as "N – Not appropriately documented". In accordance with the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(b) submitted relevant information does not clearly delineate exclusive one-to-one treatment. Therefore, reimbursement is not recommended.
- CPT Code 97530 for date of service 08/14/02 denied as "N – Not appropriately documented". In accordance with the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(11)(b) submitted relevant information does not clearly delineate exclusive one-to-one treatment. Therefore, reimbursement is not recommended.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 07/31/02 through 08/14/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision & Order is hereby issued this 30th day of September 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division  
MF/mf

Enclosure: IRO Decision

## NOTICE OF INDEPENDENT REVIEW DECISION

May 7, 2004

### **AMENDED LETTER**

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

RE: Injured Worker:  
MDR Tracking #: M5-04-1890-01  
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This patient sustained a work-related injury on \_\_\_\_ when he injured his lower back and right knee. He underwent right knee arthroscopic surgery on 06/11/02. A portion of the treatment included chiropractic treatments including neuromuscular re-education and gait training.

Requested Service(s)

Neuromuscular re-education and gait training provided from 07/31/02 through 08/14/02.

Decision

It is determined that the neuromuscular re-education and gait training provided from 07/31/02 through 08/14/02 was medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Although the medical record documentation does not indicate if the treatment in question was the initiation of care or a continuation of care, it appears to be the latter based on Dr. Jarolimek's prescription for active rehabilitation written on 06/14/02. Regardless, based on the patient's continuing symptomatology and the treatment records submitted there is adequate documentation to support the medical necessity of the post-operative, active rehabilitative treatment that was rendered on the specified dates.

Sincerely,

Gordon B. Strom, Jr., MD  
Director of Medical Assessment

GBS:dm